

28  
823-00

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Phr</i>	<i>62625</i>	<i>6/14/90</i>
O.I.P.E. CLASSIFIER		<i>49</i>	<i>6/22/90</i>
FORMALITY REVIEW	<i>HL</i>	<i>526</i>	<i>8/3/90</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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Best Available Copy

If more than 150 claims or 10 actions  
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